

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 86

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/

Officeholder Committee

(Also Complete Part 7.)

## 2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER

1374053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Connie M. Leyva for Senate 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(213) 452-6575 / sshin@kaufmanlegalgroup.com

## Treasurer(s)

NAME OF TREASURER

Connie Leyva

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 86

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Connie Leyva

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Senator

Senate District

20

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Los Angeles

CA

90017

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b> Page 3 of 86 I.D. NUMBER 1374053
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Connie M. Leyva for Senate 2018

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$235,990.00	\$498,812.59
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$235,990.00	\$498,812.59
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$972.89	\$2,447.51
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$236,962.89	\$501,260.10

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$116,345.12	\$264,769.90
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$116,345.12	\$264,769.90
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$4,196.08)	\$754.55
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$972.89	\$2,447.51
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$113,121.93	\$267,971.96

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$319,626.02	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$235,990.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$250.00	
15. Cash Payments .....	Column A, Line 8 above	\$116,345.12	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$439,520.90	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$754.55

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 4 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Affordable Housing PAC Agoura Hills, CA 91301-5914 Committee ID: 1349036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$2,000.00
12/4/2017	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92264-5970	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,500.00	2018P: \$3,500.00
9/30/2017	Paul Ahrens Los Angeles, CA 90065-3938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Affiliated Property Craftspersons IATSE Local 44 Assistant Business Agent	\$120.00	\$120.00	2018P: \$120.00
8/22/2017	American Federation of State, County & Municipal Employees, AFL-CIO, Council 36 Los Angeles, CA 90020-1719 Committee ID: 747152	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/21/2017	American Federation of State, County & Municipal Employees-CA People SCC Washington, DC 20036-5665 Committee ID: 960772	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,800.00	\$8,800.00	2018P: \$8,800.00

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$233,660.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$2,330.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$235,990.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>86</u>		
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2017	Lori Andrus Oakland, CA 94610-1203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrus Anderson Attorney	\$250.00	\$250.00	2018P: \$250.00
7/24/2017	Anheuser Busch Co. Sacramento, CA 95814-3973	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,400.00	\$2,400.00	2018P: \$4,400.00
12/20/2017	Anthem Blue Cross Cincinnati, OH 45209-7542	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/19/2017	Jess Araujo Santa Ana, CA 92706-3903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DiMarco, Araujo & Montevideo Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	Marianne Arguello Chino, CA 91710-4629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$40.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>6</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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10/20/2017	Arrowhead Pediatrics Medical Group, Inc. Colton, CA 92324-1801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2018P: \$300.00
7/7/2017	Association for Los Angeles Deputy Sheriffs State PAC Monterey Park, CA 91755-7406 Committee ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$3,500.00
10/4/2017	Association of California State Supervisors PAC Sacramento, CA 95814-4602 Committee ID: 1303937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,800.00	2018G: \$4,400.00 2018P: \$4,400.00
10/14/2017	Association of California State Supervisors PAC Sacramento, CA 95814-4602 Committee ID: 1303937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$4,800.00	2018G: \$4,400.00 2018P: \$4,400.00
7/17/2017	AT&T Inc. and Its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,700.00	2018G: \$1,500.00 2018P: \$4,400.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>7</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	Auto Club Speedway Fontana, CA 92335-2562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/14/2017	Barona Band of Mission Indians Lakeside, CA 92040-1516	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,700.00	2018G: \$2,300.00 2018P: \$4,400.00
10/14/2017	Lee Baxter San Francisco, CA 94105-4053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	2018P: \$100.00
10/14/2017	Lynne Beeson San Francisco, CA 94118-1214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	2018P: \$100.00
7/14/2017	Bessire & Casenhiser, Inc. San Dimas, CA 91773-4045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>8</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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10/14/2017	Ravi Bhaskaran San Francisco, CA 94123-1175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fog City Capital Investments	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/26/2017	Blue Shield of California San Francisco, CA 94105-1813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,400.00	\$4,400.00	2018G: \$1,500.00 2018P: \$4,400.00
12/26/2017	Blue Shield of California San Francisco, CA 94105-1813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,400.00	2018G: \$1,500.00 2018P: \$4,400.00
11/7/2017	Richard Bruck MD Corona Del Mar, CA 92625-1237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Bruck Cardiologist	\$100.00	\$100.00	2018P: \$100.00
8/29/2017	CA Almond Industry PAC, Sponsored by the Almond Hullers & Processors Association Sacramento, CA 95814-3809 Committee ID: 1365388	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>86</u>		
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

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9/7/2017	CA Bankers Association State PAC Sacramento, CA 95814-2939 Committee ID: 742694	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$3,000.00
9/28/2017	CA Refuse Recycling Council North PAC Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
10/20/2017	Cal Med Physicians and Surgeons Inc DBA Arrowhead Community Surgical Medical Group, Inc. Redlands, CA 92373-8088	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/27/2017	California Association for Nurse Practitioners PAC Sacramento, CA 95814-3809 Committee ID: 860692	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$1,625.00	2018P: \$2,625.00
10/27/2017	California Association of Health Facilities PAC Sacramento, CA 95816-4922 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$3,000.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>10</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2017	California Beer & Beverage Distributors Community Affairs Sacramento, CA 95814-3964 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$1,300.00	2018P: \$2,600.00
7/21/2017	California Conference Board Amalgamated Transit Union PAC Los Angeles, CA 90031-2517 Committee ID: 761357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018G: \$1,400.00 2018P: \$4,400.00
10/27/2017	California Correctional Peace Officers Association PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$4,000.00	2018G: \$1,700.00 2018P: \$4,400.00
10/27/2017	California Correctional Peace Officers Association PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,700.00	\$4,000.00	2018G: \$1,700.00 2018P: \$4,400.00
12/8/2017	California Federation of Teachers COPE Burbank, CA 91505-5008 Committee ID: 741857	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$6,300.00	\$6,300.00	2018P: \$8,800.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>11</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	California Manufactured Housing PAC Riverside, CA 92507-2369 Committee ID: 890112	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/14/2017	California Medical Association PAC Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/22/2017	California Producer-Handler Association Woodland, CA 95695-4722	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2018P: \$1,750.00
9/18/2017	California Professional Firefighters PAC Sacramento, CA 95833-3633 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$9,100.00	2018G: \$8,800.00 2018P: \$8,800.00
12/20/2017	California Professional Firefighters PAC Sacramento, CA 95833-3633 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,400.00	\$9,100.00	2018G: \$8,800.00 2018P: \$8,800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>12</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	California Real Estate PAC Los Angeles, CA 90020-1403 Committee ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$2,000.00
9/11/2017	California State Association of Electrical Workers Orange, CA 92868-1855 Committee ID: 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$300.00	\$4,100.00	2018G: \$8,800.00 2018P: \$8,800.00
9/11/2017	California State Association of Electrical Workers Orange, CA 92868-1855 Committee ID: 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,800.00	\$4,100.00	2018G: \$8,800.00 2018P: \$8,800.00
12/21/2017	California State Pipe Trades Council Political Action Fund Sacramento, CA 95814-3926 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$800.00	\$8,800.00	2018G: \$8,000.00 2018P: \$8,800.00
12/21/2017	California State Pipe Trades Council Political Action Fund Sacramento, CA 95814-3926 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00	\$8,800.00	2018G: \$8,000.00 2018P: \$8,800.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	California State Pipe Trades Council Political Action Fund Sacramento, CA 95814-3926 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$8,800.00	2018G: \$8,000.00 2018P: \$8,800.00
10/16/2017	California Steel Industries, Inc. Fontana, CA 92335-5258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2018P: \$3,000.00
10/26/2017	California Teamsters Public Affairs Council Public Affairs Fund Sacramento, CA 95814-3810 Committee ID: 742500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
11/7/2017	Carson Enterprises, LLC Laguna Niguel, CA 92677-8034	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
11/16/2017	CEP America Emeryville, CA 94608-1844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number

1374053

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	CGI Technologies and Solutions Inc. PAC Fairfax, VA 22030-6051 Committee ID: 1395417	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/1/2017	Arturo Cisneros Riverside, CA 92503-0631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malcolm & Cisneros Attorney	\$125.00	\$125.00	2018P: \$125.00
7/10/2017	Communications Workers of American (CWA COPE PCC) Washington, DC 20001-2760 Committee ID: 1242993	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/30/2017	Comprehensive Health Management Inc. Tampa, FL 33634-1143	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$2,000.00
10/5/2017	Consumer Attorneys Association of Los Angeles PAC Los Angeles, CA 90017-2710 Committee ID: 871554	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>15</u> of <u>86</u>
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NAME OF FILER

Connie M. Leyva for Senate 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Consumer Attorneys Association of Los Angeles PAC Los Angeles, CA 90017-2710 Committee ID: 871554	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$2,000.00
9/29/2017	Betsy Cotton Berkeley, CA 94705-1438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Betsy L. Cotton Attorney	\$250.00	\$250.00	2018P: \$250.00
9/21/2017	Samuel Crowe Ontario, CA 91762-1106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel Crowe & Associates Attorney	\$500.00	\$1,000.00	2018P: \$1,250.00
9/11/2017	Del Mar Thoroughbred Club Del Mar, CA 92014-2216	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2018P: \$1,750.00
7/14/2017	David Dugan San Diego, CA 92101-1677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David B. Dugan Lawyer	\$250.00	\$250.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	John Dutrey Montclair, CA 91763-6405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Montclair Montclair City Council Member	\$100.00	\$100.00	2018P: \$100.00
10/14/2017	James Finberg San Francisco, CA 94115-1234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atshuler Berton, LLP Attorney	\$125.00	\$125.00	2018P: \$125.00
7/11/2017	Foothill Village Mobilehome Park, LLC San Dimas, CA 91773-4045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2018P: \$1,500.00
7/14/2017	Foothill Village Mobilehome Park, LLC San Dimas, CA 91773-4045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2018P: \$1,500.00
10/20/2017	Teresa Frausto Redlands, CA 92373-7305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of SB Physician	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>17</u> of <u>86</u>
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NAME OF FILER

Connie M. Leyva for Senate 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Fullerton, Lemann, Schaefer & Dominick LLP San Bernardino, CA 92401-1712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
9/27/2017	Christina Gagnier San Francisco, CA 94107-1721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gagnier Margossian LLP Attorney	\$250.00	\$250.00	2018P: \$250.00
9/30/2017	James Gallagher Chino Hills, CA 91709-4267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$150.00	\$150.00	2018P: \$150.00
9/30/2017	Frank Gonzales Jr. Pomona, CA 91766-4763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$150.00	\$150.00	2018P: \$150.00
10/14/2017	Richard Grosboll San Francisco, CA 94104-3323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neyhart, Anderson, Flynn & Grosboll Attorney	\$125.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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10/4/2017	Erica Grubb Berkeley, CA 94705-2815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	2018P: \$100.00
10/11/2017	Jacob Haiavy Rancho Cucamonga, CA 91730-9104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jacob Haiavy Physician	\$500.00	\$500.00	2018P: \$500.00
7/14/2017	Haven Management Services. Inc Ontario, CA 91761-8502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
10/20/2017	Edward Hess Upland, CA 91784-1685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$250.00	\$250.00	2018P: \$250.00
9/30/2017	Jonathan Hildner Palm Desert, CA 92260-6249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$125.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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12/22/2017	IBEW PAC Educational Fund Washington, DC 20001-3886 Committee ID: 900161	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$6,300.00	2018G: \$4,400.00 2018P: \$4,400.00
12/22/2017	IBEW PAC Educational Fund Washington, DC 20001-3886 Committee ID: 900161	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$6,300.00	2018G: \$4,400.00 2018P: \$4,400.00
12/12/2017	Inland Body & Paint Center Fontana, CA 92335-3269	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/24/2017	International Brotherhood of Electrical Workers Local No. 11 PAC Pasadena, CA 91101-1567 Committee ID: 822725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$300.00	\$4,900.00	2018G: \$8,800.00 2018P: \$8,800.00
7/24/2017	International Brotherhood of Electrical Workers Local No. 11 PAC Pasadena, CA 91101-1567 Committee ID: 822725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,600.00	\$4,900.00	2018G: \$8,800.00 2018P: \$8,800.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Connie M. Leyva for Senate 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	International Brotherhood of Electrical Workers Local Union 440 Riverside, CA 92507-2410 Committee ID: 1302490	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,200.00	\$2,200.00	2018P: \$2,200.00
10/18/2017	International Brotherhood of Electrical Workers Local Union No. 617 San Mateo, CA 94402-2409 Committee ID: 990208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/30/2017	International Union of Operating Engineers Local Union 12 Pasadena, CA 91103-3839 Committee ID: 743030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,900.00	\$8,800.00	2018P: \$8,800.00
10/14/2017	Eugene Iredale San Diego, CA 92101-6087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Iredale Law Attorney	\$2,500.00	\$2,500.00	2018P: \$2,500.00
8/7/2017	J&H Asset Property Mgt, Inc Yorba Linda, CA 92887-4610	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 21 of 86

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NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number

1374053

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2017	Philip Janowicz Buena Park, CA 90621-1685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Quill and Abacus, LLC CEO	\$100.00	\$100.00	2018P: \$100.00
9/30/2017	Rodney Jefferson Fontana, CA 92335-3904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundamental Basketball Clinic Business Owner	\$100.00	\$100.00	2018P: \$100.00
11/7/2017	Johnson Criminal Law Group, APLC Irvine, CA 92612-8516	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
10/8/2017	Karen Johnson-McKewan San Francisco, CA 94127-1537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orrick Attorney	\$500.00	\$500.00	2018P: \$500.00
10/14/2017	Johnston Kinney & Zulaica, LLP San Francisco, CA 94104-3713	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>22</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Journey West Motors, Inc. Colton, CA 92324-3125	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
10/14/2017	Jeffrey Krinsk San Diego, CA 92106-3260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finkelstein & Krinsk Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/27/2017	Yoshiaki Kubota San Clemente, CA 92672-5504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kubota & Associates Attorney	\$250.00	\$250.00	2018P: \$250.00
12/1/2017	Laborers Local Union No. 783 PAC San Bernardino, CA 92408-2110 Committee ID: 981333	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/14/2017	Laborers' Local 300 Small Contributor Committee Los Angeles, CA 90020-1741 Committee ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Paula Lantz Pomona, CA 91767-4004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$125.00	\$190.00	2018P: \$190.00
11/6/2017	John Laschober Chino, CA 91710-7301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$250.00	\$500.00	2018P: \$650.00
11/15/2017	John Laschober Chino, CA 91710-7301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$250.00	\$500.00	2018P: \$650.00
11/7/2017	Law Office of Florice Hoffman, L.C. Orange, CA 92869-2461	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/27/2017	Daren Lipinsky Yorba Linda, CA 92886-1878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lipinsky Law Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 24 of 86

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NAME OF FILER Connie M. Leyva for Senate 2018	I.D. Number 1374053
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Local 770 United Food and Commercial Workers Union Political Action Committee Los Angeles, CA 90005-1303 Committee ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$8,800.00	2018G: \$4,400.00 2018P: \$4,400.00
12/29/2017	Local 770 United Food and Commercial Workers Union Political Action Committee Los Angeles, CA 90005-1303 Committee ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$8,800.00	2018G: \$4,400.00 2018P: \$4,400.00
12/15/2017	Los Angeles Airport Peace Officers Association PAC Los Angeles, CA 90045-9205 Committee ID: 1318235	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2018P: \$1,500.00
12/12/2017	Lumar Devco II, LLC Newport Beach, CA 92660-2616	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
12/28/2017	Geraldine Ly Santa Ana, CA 92705-6695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Geraldine Ly Attorney	\$500.00	\$1,500.00	2018P: \$2,500.00

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Malcolm & Cisneros Irvine, CA 92612-7135	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
10/20/2017	Mohan Mallam Barstow, CA 92311-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mohan Mallam Physician	\$250.00	\$250.00	2018P: \$250.00
9/30/2017	Debra Martin Pomona, CA 91768-1616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$270.00	2018P: \$360.00
9/30/2017	Flora Martinez Montclair, CA 91763-3209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IHSS Caregiver	\$100.00	\$100.00	2018P: \$100.00
8/15/2017	Sergio Martinez Norwalk, CA 90650-3832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hacienda La Puente USD Teacher	\$300.00	\$300.00	2018P: \$300.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 26 of 86

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NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number  
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10/19/2017	McKesson Corporation Employees Political Fund San Francisco, CA 94104-5255 Committee ID: 1386357	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
9/20/2017	Molina Healthcare, Inc. Long Beach, CA 90802-4302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,100.00	\$1,100.00	2018P: \$1,100.00
9/14/2017	Morongo Band Of Mission Indians Banning, CA 92220-6977	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$4,000.00
12/15/2017	Motor Vehicle Software Corporation Agoura Hills, CA 91301-1567	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$4,400.00	2018P: \$4,400.00
10/13/2017	Rudolph Murillo Coronado, CA 92118-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scripps Institutes of Oceanography Director, State of Government Relations	\$1,000.00	\$1,000.00	2018P: \$1,000.00
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Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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11/6/2017	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy PAC Sacramento, CA 95815-4404 Committee ID: 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2018P: \$3,000.00
7/14/2017	Newport Pacific Capital Company, Inc. Irvine, CA 92614-5656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2018P: \$1,000.00
7/14/2017	Newport Pacific Capital Company, Inc. Irvine, CA 92614-5656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2018P: \$1,000.00
11/16/2017	Jo Ann Novoson Salinas, CA 93908-1113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jo Ann Novoson Attorney	\$100.00	\$100.00	2018P: \$100.00
10/14/2017	Ontario Police Officers Association, Inc. PAC Ontario, CA 91761-6503 Committee ID: 821587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$1,000.00	2018P: \$1,000.00

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SCHEDULE A (CONT.)

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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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12/26/2017	Ontario Police Officers Association, Inc. PAC Ontario, CA 91761-6503 Committee ID: 821587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2018P: \$1,000.00
10/20/2017	Operating Engineers Local 501, I.U.O.E. PAC Los Angeles, CA 90057-1907 Committee ID: 746497	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,501.00	2018P: \$1,501.00
10/27/2017	Pacific Life Newport Beach, CA 92660-6307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,100.00	\$1,500.00	2018G: \$400.00 2018P: \$4,400.00
10/27/2017	Pacific Life Newport Beach, CA 92660-6307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$1,500.00	2018G: \$400.00 2018P: \$4,400.00
10/14/2017	Nancy Pemberton Santa Rosa, CA 95401-5606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$125.00	\$125.00	2018P: \$125.00
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12/14/2017	PepsiCo Inc. Purchase, NY 10577-1401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$4,000.00
9/30/2017	Roberta Perlman Chino, CA 91710-2605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hensen & Perlman, O.D.s Doctor of Optometry	\$100.00	\$100.00	2018P: \$130.00
10/30/2017	Personal Insurance Federation Of CA Agents & Employees PAC Sacramento, CA 95814-3991 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$3,250.00
11/21/2017	Pharmacy Professionals of CA PAC, Sponsored by CA Society of Health-System Pharmacists Sacramento, CA 95814-3809 Committee ID: 1315593	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
10/20/2017	Physicians' PAC of San Bernardino County Redlands, CA 92373-3119 Committee ID: 761431	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Pomona Police Officers Association PAC Pomona, CA 91768-1815 Committee ID: 1243790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,400.00	2018P: \$4,400.00
10/20/2017	Pomona Police Officers Association PAC Pomona, CA 91768-1815 Committee ID: 1243790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,400.00	2018P: \$4,400.00
12/12/2017	Pomona Police Officers Association PAC Pomona, CA 91768-1815 Committee ID: 1243790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$860.00	\$2,400.00	2018P: \$4,400.00
10/10/2017	Faisal Qazi Fullerton, CA 92833-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Inland Neurological Consultants, Inc. Physician	\$500.00	\$500.00	2018P: \$1,000.00
9/29/2017	James Ramsay Nyack, NY 10960-1439	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	2018P: \$100.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 31 of 86

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number

1374053

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/2017	Martina Rangel-Ortega Ontario, CA 91762-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frontier Service Clerk	\$50.00	\$90.00	2018P: \$140.00
9/30/2017	Martina Rangel-Ortega Ontario, CA 91762-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frontier Service Clerk	\$40.00	\$90.00	2018P: \$140.00
10/14/2017	Rental Tracker, Inc. Rancho Cucamonga, CA 91739-9071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/1/2017	Richardson's R.V. Centers, Inc. Menifee, CA 92585-9794	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/1/2017	Wendy Rogina Rancho Cucamonga, CA 91737-2494	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VIP Inc. CEO	\$250.00	\$250.00	2018P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 32 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Kristina Roloff Redlands, CA 92373-7490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley OBGYN Physician	\$250.00	\$250.00	2018P: \$250.00
10/14/2017	Susan Rutberg San Francisco, CA 94114-3217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	2018P: \$100.00
10/9/2017	San Bernardino County Fire Fighters Local 935 PAC Fontana, CA 92336-4021 Committee ID: 1269303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$7,600.00	2018G: \$4,200.00 2018P: \$4,400.00
10/9/2017	San Bernardino County Fire Fighters Local 935 PAC Fontana, CA 92336-4021 Committee ID: 1269303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$7,600.00	2018G: \$4,200.00 2018P: \$4,400.00
12/12/2017	San Bernardino County Fire Fighters Local 935 PAC Fontana, CA 92336-4021 Committee ID: 1269303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,400.00	\$7,600.00	2018G: \$4,200.00 2018P: \$4,400.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. Number

1374053

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10/16/2017	San Bernardino County Sheriff's Employee' Benefit Association PAC San Bernardino, CA 92408-4200 Committee ID: 822554	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,400.00	\$5,400.00	2018G: \$1,000.00 2018P: \$4,400.00
10/16/2017	San Bernardino County Sheriff's Employee' Benefit Association PAC San Bernardino, CA 92408-4200 Committee ID: 822554	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,400.00	2018G: \$1,000.00 2018P: \$4,400.00
10/20/2017	San Bernardino Medical Orthopaedic Group, Inc. DBA Arrowhead Orthopaedics Redlands, CA 92374-4587	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/28/2017	School Services of California Inc Sacramento, CA 95814-3944	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
10/8/2017	Sheila Schroeder San Francisco, CA 94121-1107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mosaic Financial Partners Director of Client Development	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 34 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Michael Schwartz Pasadena, CA 91106-2401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael S Schwartz Physician	\$500.00	\$500.00	2018P: \$500.00
11/7/2017	Sheet Metal, Air, Rail, Transportation Workers' International Union (S.M.A.R.T) Local 105 PAC Glendora, CA 91740-6720 Committee ID: 962809	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,150.00	\$8,800.00	2018P: \$8,800.00
12/1/2017	Shiki Sushi, Teppan, Grill and Sport Bar, Inc. Redlands, CA 92374-5038	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2018P: \$300.00
8/7/2017	Southern California District Council of Laborers PAC Sacramento, CA 95814-4602 Committee ID: 1358150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,800.00	\$8,800.00	2018P: \$8,800.00
7/14/2017	Southern California Pipe Trades District Council #16 PAC Los Angeles, CA 90020-1748 Committee ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$4,800.00	2018G: \$1,000.00 2018P: \$8,800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>35</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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9/22/2017	Southern California Pipe Trades District Council #16 PAC Los Angeles, CA 90020-1748 Committee ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,800.00	2018G: \$1,000.00 2018P: \$8,800.00
9/25/2017	Southern California Pipe Trades District Council #16 PAC Los Angeles, CA 90020-1748 Committee ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,800.00	2018G: \$1,000.00 2018P: \$8,800.00
9/25/2017	Southern California Pipe Trades District Council #16 PAC Los Angeles, CA 90020-1748 Committee ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,300.00	\$4,800.00	2018G: \$1,000.00 2018P: \$8,800.00
10/14/2017	Southwest Regional Council of Carpenters Political Action Fund Los Angeles, CA 90071-1715 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$800.00	\$8,000.00	2018G: \$200.00 2018P: \$8,800.00
10/14/2017	Southwest Regional Council of Carpenters Political Action Fund Los Angeles, CA 90071-1715 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$200.00	\$8,000.00	2018G: \$200.00 2018P: \$8,800.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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12/1/2017	Squires Lumber Colton, CA 92324-2909	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
11/28/2017	Standing Committee on Political Education of the California Labor Federation, AFL-CIO Oakland, CA 94610-3561 Committee ID: 741504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,600.00	\$13,400.00	2018G: \$8,800.00 2018P: \$8,800.00
11/28/2017	Standing Committee on Political Education of the California Labor Federation, AFL-CIO Oakland, CA 94610-3561 Committee ID: 741504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,800.00	\$13,400.00	2018G: \$8,800.00 2018P: \$8,800.00
12/1/2017	Star Legacy Homes, LLC Norco, CA 92860-3919	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/1/2017	Sunoil Retail Group Colton, CA 92324-4630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2018P: \$200.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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9/30/2017	Salah Tahan Fontana, CA 92336-5626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hill International Senior VP	\$500.00	\$500.00	2018P: \$500.00
12/1/2017	Wei quan Tan Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	W Tan Engineering Engineer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/14/2017	Daniel Tapia Chino, CA 91710-6283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$150.00	\$150.00	2018P: \$150.00
10/16/2017	The Boeing Company PAC Arlington, VA 22202-4208 Committee ID: 1329180	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/16/2017	The Coca-Cola Company Los Angeles, CA 90021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$3,500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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11/9/2017	The Coca-Cola Company Los Angeles, CA 90021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$3,500.00
9/18/2017	The Hartford Advocates Fund Hartford, CT 06115 Committee ID: 930174	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$3,000.00
12/5/2017	The Hartford Advocates Fund Hartford, CT 06115 Committee ID: 930174	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$3,000.00
7/18/2017	Bart Thomsen Newport Beach, CA 92660-5228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCMHP, Inc. President	\$500.00	\$500.00	2018P: \$500.00
12/31/2017	John Thornton Irvine, CA 92606-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrews Thornton Attorney	\$500.00	\$500.00	2018P: \$500.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

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9/22/2017	U.A. Plumbers and Steamfitters Local Union No. 582 PAC Orange, CA 92868-2608 Committee ID: 890440	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,250.00	2018P: \$1,250.00
11/8/2017	UFCW Local 1167, United Food & Commercial Workers Union Bloomington, CA 92316-0030 Committee ID: 1254111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,400.00	\$4,400.00	2018P: \$4,400.00
11/8/2017	UFCW Western States Council Candidate PAC Buena Park, CA 90620-3930 Committee ID: 910874	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$300.00	\$2,600.00	2018G: \$8,800.00 2018P: \$8,800.00
11/8/2017	UFCW Western States Council Candidate PAC Buena Park, CA 90620-3930 Committee ID: 910874	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$300.00	\$2,600.00	2018G: \$8,800.00 2018P: \$8,800.00
9/30/2017	United Food and Commercial Workers International Union, AFL-CIO, CLC Washington, DC 20006-1521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$4,400.00	2018P: \$4,400.00
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Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	United Food and Commercial Workers Local 99 PAC Phoenix, AZ 85004-1331 Committee ID: 1366346	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$4,600.00	2018G: \$4,400.00 2018P: \$4,400.00
9/21/2017	United Food and Commercial Workers Local 99 PAC Phoenix, AZ 85004-1331 Committee ID: 1366346	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$4,600.00	2018G: \$4,400.00 2018P: \$4,400.00
11/14/2017	United Nurses Association of California / Union of Health Care Professionals PAC (UNAC PAC) Sacramento, CA 95814-4602 Committee ID: 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,400.00	\$4,400.00	2018P: \$8,600.00
8/15/2017	Cameron Urkofsky Sacramento, CA 95818-2938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Senate Chief of Staff	\$100.00	\$100.00	2018P: \$100.00
10/13/2017	Guillermo Valenzuela Redlands, CA 92373-6505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley OBGYN Physician	\$2,000.00	\$2,000.00	2018P: \$2,000.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>41</u> of <u>86</u>		
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Verizon Communications Inc. Good Government Club - California Newbury Park, CA 91320-2457 Committee ID: 790703	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/15/2017	Verizon Corporate Resources Group, LLC Tulsa, OK 74117-1808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	Huu Vo Diamond Bar, CA 91765-6106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Huu Dinh Vo, MD Physician	\$125.00	\$125.00	2018P: \$125.00
9/30/2017	Ronald Wall Ontario, CA 91764-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Axion Healthcare Healthcare Consultant	\$125.00	\$165.00	2018P: \$165.00
8/15/2017	Dolores Wiarco Chino, CA 91710-7310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CUUSD Librarian	\$50.00	\$50.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>42</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. Number 1374053

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2017	Richard Wooley Pomona, CA 91766-1560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Richard D. Wooley Lawyer	\$250.00	\$1,000.00	2018P: \$1,500.00
9/30/2017	Ke Ye Cerritos, CA 90701-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC Professor	\$100.00	\$100.00	2018P: \$100.00
10/14/2017	YK America Group, Inc. El Monte, CA 91731-3005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
9/30/2017	Frank Zavala Ontario, CA 91761-7327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Building & Construction Trades Council Business Representative	\$125.00	\$125.00	2018P: \$125.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$233,660.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 43 of 86

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>44</u> of <u>86</u>
I.D. Number 1374053	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u>  through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>45</u> of <u>86</u>
I.D. Number 1374053	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2017	Melissa Fox for County Central Committee 2020 Long Beach, CA 90802-8018  Committee ID: 1396322	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Event Expenses	\$972.89	\$972.89	2018P: \$972.89
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$972.89

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$972.89
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$972.89

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	07/01/2017		
through	12/31/2017	Page 46 of 86	
		I.D. NUMBER 1374053	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	San Bernardino County Democratic Central Committee	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$150.00	\$150.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/8/2017	Mark Leno Mayor Jurisdiction: City of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/1/2017	Penny Newman County Supervisor District 2 Jurisdiction: County of Riverside	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$4,010.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$4,010.00

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Rialto Democratic Club	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$110.00	\$110.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
7/5/2017	Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2017S: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/2/2017	Carey Davis Mayor Jurisdiction: City of San Bernardino	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$250.00	\$250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$4,010.00

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b> Page 48 of 86 I.D. NUMBER 1374053
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833		Credit Card Payment	\$323.52
Los Portales Mexican Grill & Seafood Chino, CA 91710-3507	FND		Memo Amt: \$100.00
Party City Chino, CA 91710-5433	MTG		Memo Amt: \$47.94

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$116,295.12
2. Unitemized payments made this period of under \$100. ....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$116,345.12



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 49 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Chino Hills, CA 91709-6002	MTG			Memo Amt: \$63.39
Netbrands Media Corp Stafford, TX 77477-4116	CMP			Memo Amt: \$97.09
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$1,869.31
Paper Style Alpharetta, GA 30009-2058	LIT			Memo Amt: \$114.60
Los Portales Mexican Grill & Seafood Chino, CA 91710-3507	FND			Memo Amt: \$154.36

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 50 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Los Angeles, CA 90052-4200	OFC			Memo Amt: \$19.60
Tequila Museo Mayahuel Sacramento, CA 95814-3950	MTG			Memo Amt: \$43.91
Bracken Designs Penryn, CA			6/1/17, Gift of Appreciation Bracelets for 13 Staff Members	Memo Amt: \$766.84
Amy Waltz Designs Chico, CA 95973-8849			5/31/17, Gift of Appreciation Bracelets for 13 Staff Members	Memo Amt: \$770.00
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$4,990.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 51 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Angels Baseball LP Anaheim, CA 92806-6143	FND			Memo Amt: \$3,818.00
Los Portales Mexican Grill & Seafood Chino, CA 91710-3507	FND			Memo Amt: \$713.79
All Seasons Party Supplies Ontario, CA 91762-2801	FND			Memo Amt: \$43.00
All Seasons Party Supplies Ontario, CA 91762-2801	FND			Memo Amt: \$395.00
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$4,014.36

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>52</u> of <u>86</u>
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Los Angeles, CA 90052-4200	POS			Memo Amt: \$14.70
USPS Los Angeles, CA 90052-4200	POS			Memo Amt: \$19.60
Antonello Ristorante Santa Ana, CA 92704	FND		06/30/17, Meal for Candidate +45 for Fundraiser	Memo Amt: \$1,903.30
Il Fornaio Sacramento, CA 95814-4407	MTG		06/29/17, Meal for Candidate +3 to discuss Cap and Trade Legislation	Memo Amt: \$115.77
Federalist Public House Sacramento, CA 95811	MTG		06/28/17, Meal for Candidate +7 for Campaign Meeting	Memo Amt: \$258.02

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 53 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Party City Chino, CA 91710-5433	MTG			Memo Amt: \$36.52
Coco Palm Restaurant Pomona, CA 91768-1237	FND		07/14/17, Meal for Candidate +10 for Fundraiser	Memo Amt: \$285.58
USPS Los Angeles, CA 90052-4200	POS			Memo Amt: \$9.80
Bankcard Center Salt Lake City, UT 84130-0833	CTB			\$500.00
Leno For Mayor 2018 Los Angeles, CA 90017-5864				Memo Amt: \$500.00
Committee ID: 1396338				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 54 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$3,520.02
Zov's Bistro Tustin Tustin, CA 92780-1953	MTG		09/28/17, Meal for Candidate +3 to discuss Planned Parenthood	Memo Amt: \$104.18
AST Sportswear, Inc. Brea, CA 92821-6713	CMP			Memo Amt: \$891.87
Safeway Sacramento, CA 95811-6713	MTG			Memo Amt: \$48.93
Angel Stadium of Anaheim Anaheim, CA 92806-6143	FND			Memo Amt: \$425.91

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 55 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Wholesale Montclair, CA 91763-2421	MTG			Memo Amt: \$40.35
San Bernardino Sheriff's Benefit Rodeo San Bernardino, CA 92415-0061	CVC			Memo Amt: \$250.00
Shaker Shirts Irwindale, CA 91706-6230	CMP			Memo Amt: \$250.00
The Cheesecake Factory Brea, CA 92821	MTG		08/25/17, Candidate +3 for Staff Event Planning Meeting	Memo Amt: \$107.55
United States Postal Service Chino Hills, CA 91709-7241	POS			Memo Amt: \$112.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 56 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AST Sportswear, Inc. Brea, CA 92821-6713	CMP			Memo Amt: \$128.82
Sheraton Grand Sacramento Hotel Sacramento, CA 95814-2907	TRS		08/27-08/28/17, Sacramento, CA, Lodging for 11 Individuals for Young Senators Trip	Memo Amt: \$1,300.94
Costco Chino Hills, CA 91709-6002	FND			Memo Amt: \$144.79
United States Postal Service Chino Hills, CA 91709-7241	POS			Memo Amt: \$19.60
United States Postal Service Chino Hills, CA 91709-7241	POS			Memo Amt: \$19.60

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 57 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brasserie Capitale Sacramento, CA 95814-3973	MTG		8/29/17, Meal for Candidate +2 regarding ProTem Staff	Memo Amt: \$205.07
Esquire Grill Sacramento, CA 95814-3906	MTG		09/11/17, Meal for Candidate +5 to discuss Women Caucus Priorities	Memo Amt: \$208.74
Discover Print Shop Hacienda Heights, CA 91745-1313	CMP			Memo Amt: \$225.00
Gloria's Cocina Mexicana Ontario, CA 91762-3427	MTG		09/28/17, Meal for Candidate +10 to discuss Men's Conference	Memo Amt: \$227.36
United States Postal Service Chino Hills, CA 91709-7241	POS			Memo Amt: \$25.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 58 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$7,784.72
BEST-VIP Chauffeured Worldwide Huntington Beach, CA 92647-5441	TRS		08/27-08/28/17, Sacramento, CA, Transportation for 28 Individuals for Young Senators Trip	Memo Amt: \$3,000.00
Second Street Promenade Pomona, CA 91766-1728	FND			Memo Amt: \$2,144.50
Second Street Promenade Pomona, CA 91766-1728	FND			Memo Amt: \$1,470.85
Second Street Promenade Pomona, CA 91766-1728	FND			Memo Amt: \$1,080.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 59 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$68.00
SanMar Issaquah, WA 98029-3621	CMP			Memo Amt: \$68.00
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$4,189.12
Edible Arrangements Wallingford, CT 06492-1800			10/17/17, Gift of Thank You Treats to Dru Ramey	Memo Amt: \$110.30
Suzy's Sweet Tooth Montclair, CA 91763-1669	MTG			Memo Amt: \$94.80

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 60 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cheryl & Co., Inc. Westerville, OH 43082-8778	MTG			Memo Amt: \$87.96
Shaker Shirts Irwindale, CA 91706-6230	CMP			Memo Amt: \$760.50
D3 Sportswear Lake Forest, CA 92630-8336	CMP			Memo Amt: \$666.79
Suzy's Sweet Tooth Montclair, CA 91763-1669	MTG			Memo Amt: \$62.66
Bankcard Center Salt Lake City, UT 84130-0833	OFC			Memo Amt: \$59.20

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 61 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Los Angeles, CA 90052-4200	POS			Memo Amt: \$49.00
Stater Bros. Markets Chino, CA 91710-3337	MTG			Memo Amt: \$47.76
Brasserie Capitale Sacramento, CA 95814-3973	MTG			Memo Amt: \$35.72
Schaefer's Food 'N Drinks Chino, CA 91710-9100	MTG		11/06/17, Meal for Candidate +11 to discuss Tour of Chino Women's Prison	Memo Amt: \$225.39
Party City Chino, CA 91710-5433	FND			Memo Amt: \$22.48

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>62</u> of <u>86</u>
I.D. NUMBER 1374053		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AST Sportswear, Inc. Brea, CA 92821-6713	CMP			Memo Amt: \$1,196.52
SanMar Issaquah, WA 98029-3621	CMP			Memo Amt: \$133.69
Costco Chino Hills, CA 91709-6002	MTG			Memo Amt: \$167.26
The Stationery Studio Buffalo Grove, IL 60089-7001	OFC			Memo Amt: \$176.70
Amy Waltz Designs Chico, CA 95973-8849			10/18/17, Gift of Appreciation Bracelets for 5 Individuals; No Individual Received a Gift Valued at \$50 or More	Memo Amt: \$185.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 63 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833	CTB			\$1,000.00
Penny Newman for Supervisor 2018 Riverside, CA 92501-3204				Memo Amt: \$1,000.00
Committee ID: 1396445 Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$2,729.74
Costco Chino Hills, CA 91709-6002	MTG			Memo Amt: \$62.89
Safeway Sacramento, CA 95811-6713	CVC			Memo Amt: \$100.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 64 of 86
		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paesanos Sacramento, CA 95811-4105	MTG		12/04/17, Meal for Candidate +17 for Staff Holiday Party	Memo Amt: \$685.94
Stater Bros. Markets Chino, CA 91710-3337	MTG			Memo Amt: \$88.11
Cheryl & Co., Inc. Westerville, OH 43082-8778			Gift of Holiday Treats to 3 Senator Offices	Memo Amt: \$368.45
Juan Colorado Fine Mexican Grill Colton, CA 92324-2931	FND			Memo Amt: \$249.00
Safeway Sacramento, CA 95811-6713			Gift Cards of Appreciation for 12 Staff Members	Memo Amt: \$1,175.35

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 65 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$30.00
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$315.97
Bankcard Center Salt Lake City, UT 84130-0833	OFC			Memo Amt: \$0.81
BagzDepot.com Garden Grove, CA 92843-5602	CMP			Memo Amt: \$152.32
Bankcard Center Salt Lake City, UT 84130-0833	OFC			Memo Amt: \$4.04

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME OF FILER  
Connie M. Leyva for Senate 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$24.41
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$26.28
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$75.49
Carina Franck-Pantone Santa Ana, CA 92703-2326	CNS			\$4,000.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$2,764.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME OF FILER  
Connie M. Leyva for Senate 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$137.20
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	FND			\$49.43
Connie Emerson Sacramento, CA 95819-3139	CNS			\$6,750.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	CNS			\$6,750.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$3,442.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$164.64
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$21.57
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$58.36
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$180.70

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$3,245.50
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$199.35
Sierra Lakes Golf Club Fontana, CA 92336-5138	FND			\$200.00
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$1.98
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$26.20
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$320.72
VR Research, Inc. Oakland, CA 94612-2721	POL			\$4,500.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	CNS			\$2,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 71 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME OF FILER  
Connie M. Leyva for Senate 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Farm Workers San Dimas, CA 91773-2214	CVC			\$500.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$1,639.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$108.50
The A to Z Printing Company Riverside, CA 92503-2634	CMP			\$468.72
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$3.73

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 72 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$5.60
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$19.30
Touch, Inc. Rancho Cucamonga, CA 91730-4416	CVC			\$105.00
Jessica Golly Sacramento, CA 95818-3533	TRS		09/30-10/01/17, Sacramento, CA, Lodging for 1 Individual to attend Campaign Kickoff Event	\$175.08
Sergio Reyes Sacramento, CA 95833-3214	TRS		09/30-10/01/17, Sacramento, CA, Lodging for 1 Individual to attend Campaign Kickoff Event	\$175.08

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from	07/01/2017	
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME OF FILER  
Connie M. Leyva for Senate 2018

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Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Rialto Democratic Club Rialto, CA 92376-8632	CTB			\$110.00
Committee ID: 931111 VR Research, Inc. Oakland, CA 94612-2721	POL			\$3,929.62
Screened Archives Rancho Cucamonga, CA 91739-2103	CMP			\$544.49
Carina Franck-Pantone Santa Ana, CA 92703-2326	FND			\$145.81

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carina Franck-Pantone Santa Ana, CA 92703-2326	TRS		10/16-10/17/17, Rancho Cucamonga, CA, Lodging for 1 Individual to attend Fundraiser	\$156.10
Connie Emerson Sacramento, CA 95819-3139	TRS		10/16-10/17/17, Sacramento to Ontario, CA, Airfare for 1 Individual to attend Fundraiser	\$302.96
Connie Emerson Sacramento, CA 95819-3139	FND			\$276.18
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Sierra Lakes Golf Club Fontana, CA 92336-5138	FND			\$5,845.25

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$2.22
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$37.34
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$70.46
Riverside Grill Chino, CA 91710-4156	MTG			\$2,155.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	CNS			\$4,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holly J. Mitchell For Senate 2018 Los Angeles, CA 90017-5864	TRS		11/03/17, Sacramento, CA, Airfare for 1 Individual to Speak at Women's Conference	\$133.98
Committee ID: 1373775				
Holly J. Mitchell For Senate 2018 Los Angeles, CA 90017-5864	TRS			\$58.98
Committee ID: 1373775				
FamCarr Precision Pomona, CA 91768-3837	OFC			\$1,070.65
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$2,843.50
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$128.40

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 77 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$1,600.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$222.96
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$10.72
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$17.00
First Bank Merchant Services Indio, CA 92203-9658	OFC			\$116.83

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carina Franck-Pantone Santa Ana, CA 92703-2326	CNS			\$2,000.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	FND			\$251.39
NGP Van, Inc. Washington, DC 20005-5006	OFC			\$300.00
Connie Emerson Sacramento, CA 95819-3139	FND			\$184.80
Connie Emerson Sacramento, CA 95819-3139	FND			\$836.23

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
La Nueva Voz San Dimas, CA 91773-4005	PRT			\$455.00
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	FND			\$90.49
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$1,769.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			\$118.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Emerson Sacramento, CA 95819-3139	CNS			\$2,000.00
Wendy Carrillo For Assembly 2017 Fullerton, CA 92835-4120	CTB			\$2,000.00
Committee ID: 1396972 Carey Davis For Mayor 2018 San Bernardino, CA 92402	CTB			\$250.00
Committee ID: 1357926 Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$586.04
Second Street Promenade Pomona, CA 91766-1728	MTG			Memo Amt: \$500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 81 of 86
NAME OF FILER Connie M. Leyva for Senate 2018		I.D. NUMBER 1374053

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Wholesale Montclair, CA 91763-2421	MTG			Memo Amt: \$86.04
Connie Emerson Sacramento, CA 95819-3139	TRS			\$18.00
Connie Emerson Sacramento, CA 95819-3139	TRS			\$31.54
Connie Emerson Sacramento, CA 95819-3139	TRS		10/16-10/17/17, Rancho Cucamonga, CA, Lodging for 1 Individual to attend Fundraiser	\$152.83

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$116,295.12

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2017  
through 12/31/2017

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NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Connie Emerson Sacramento, CA 95819-3139	CNS	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Carina Franck-Pantone Santa Ana, CA 92703-2326	FND	\$49.43	\$0.00	\$49.43	\$0.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$2,764.00	\$0.00	\$2,764.00	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$754.55
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$4,950.63
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$4,196.08)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

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NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$137.20	\$0.00	\$137.20	\$0.00
Bankcard Center Salt Lake City, UT 84130-0833	CTB , San Bernardino County Democratic Central Committee 742176	\$0.00	\$150.00	\$0.00	\$150.00
The A to Z Printing Company Riverside, CA 92503-2634	LIT	\$0.00	\$533.37	\$0.00	\$533.37
<b>SUBTOTALS</b>		\$4,950.63	\$683.37	\$4,950.63	\$683.37

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Connie Emerson

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tequila Museo Mayahuel Sacramento, CA 95814-3950	FND			\$836.23

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$836.23

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Connie M. Leyva for Senate 2018

I.D. NUMBER  
1374053

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			<b>SUBTOTALS</b>					

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA**  
**FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Connie M. Leyva for Senate 2018

I.D. NUMBER

1374053

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/20/2017	Baldy View ROP Ontario, CA 91764-4649	Refund	\$250.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$250.00

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$250.00
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$250.00

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**